

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

☐ Amended

IN THE MATTER OF

**Order for Notice of
Statement Requesting
Removal of Rights and
Transfer of Additional
Powers to Guardian**

Case No. _____

Date of Birth _____

A Statement Requesting Removal of Rights and Transfer of Additional Powers to Guardian has been filed by:

☐ guardian

☐ other interested person _____

THE COURT ORDERS THAT:

Notice, including notice concerning potential court action if circumstances are extraordinary, be given to all of the following:

1. The ward named above.
2. The guardian.
3. County Department of Social Services or Human Services if ward is protectively placed or receives long-term support services as a public benefit.
4. Agent under ward's power of attorney for health care, if any.
5. Agent under ward's durable power of attorney for finances, if any.
6. Any other persons determined by the court _____

BY THE COURT:

Name of Attorney	
Address	
Telephone Number	Bar Number

Circuit Court Judge/Court Commissioner
Name Printed or Typed
Date